



ADVANCED CIRCUITRY

P.O. Box 2847, Commercial Station, Springfield, Mo. 65803-0847 417 862-0751

Betti

April 5, 1983

Mr. John J. Franke
Regional Administrator-Region VII
Environmental Protection Agency
324 E. 11th Street
Kansas City, Missouri 64106

Dear Mr. Franke:

Enclosed please find our revised EPA applications reflecting a change of classification from a treatment storage or disposal facility to strictly a generator classification. This change in classification is due to the closure of our waste water lagoon. This closure received EPA approval November 10, 1982.

If any further information is required, please contact me at any time.

Sincerely,

David Edwards

David Edwards
Facilities Manager

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Enclosures

CC: Mr. J. Dow - ACD
Mr. G. Lucey - Litton



EPA-ARWM/SPRS

APR 11 1983

Region VII, Kansas City, Missouri 64106

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 6	2 D 0 0 7	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

David Edwards
Facilities Manager

4/5/83

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permit Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER MOD007152903	
II. FACILITY NAME LITTON SYSTEMS INC.		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I., III., V., and VI. (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY MAILING ADDRESS P.O. Box 2847 Springfield, Missouri 65803					
IV. FACILITY LOCATION 4811 West Kearney Springfield, Missouri 65803					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

LITTON SYSTEMS, INC. ADVANCED CIRCUITRY DIV.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
EDWARDS DAVID FACILITIES MGR	417 862 0751

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
PO BOX 2847	SPRINGFIELD	MO	65803

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
4811 W KEARNEY	GREENE	SPRINGFIELD	MO	65803	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND														
C	7	3	6	7	9	(specify)					C	3	6	7	9	(specify)								
15	16	17	18	19	ELECTRONICS COMPONENTS & SUBASSEMBLIES										15	16	17	18	19					
C. THIRD										D. FOURTH														
C	7	(specify)								C	7	(specify)												
15	16	17	18	19											15	16	17	18	19					

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?																													
C	8	LITTON INDUSTRIES INC																																																<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																													
15	16																																																	66																													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																																		D. PHONE (area code & no.)																													
F = FEDERAL										M = PUBLIC (other than federal or state)										M (specify)										D. PHONE (area code & no.)																																																	
S = STATE										O = OTHER (specify)																				2 1 3 2 7 3 7 8 6 0																																																	
P = PRIVATE																														16 - 18 19 - 21 22 - 28																																																	
E. STREET OR P.O. BOX																																																																															
3 6 0 N C R E S E N T																																																																															
F. CITY OR TOWN																																																		G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B E V E R L Y H I L L S																																																		C A										9 0 2 1 0										Is the facility located on Indian lands?									
																																																																						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
																																																																						52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I	9	N											C	T	I	9	P												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I	9	U											C	T	I	9	(specify)												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I	9	R											C	T	I	9	(specify)												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

PRODUCTION OF PRINTED CIRCUIT BOARDS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Mr. Ron Enos, General Manager Advanced Circuitry Division		Ron Enos		4/6/83	

COMMENTS FOR OFFICIAL USE ONLY

C	
15	16